

SAFER GRANT EDUCATIONAL REIMBURSEMENT PROGRAM



REQUEST FOR EDUCATIONAL REIMBURSEMENT

ALL EDUCATIONAL REIMBURSEMENT REQUESTS MUST BE SUBMITTED FOR APPROVAL PRIOR TO ENROLLING IN THE COURSE

| | Statio | |
|---|---|---|
| Address | | |
| Date of Enrollment | Wol | rk phone |
| Social Security Number Las | t Four digits | |
| Local College/University Co | urse Number, Title and Credit Hour | s (Use a separate form for each course) |
| Semester / Year | Date Class Begins | Estimated Cost |
| Course Description | | |
| active member and meet the the course, I am required to to take the appropriate ac | e requirements of FCVFRS within a reimburse the County. I hereby a | derstand that if I do not continue to be an the period of one year after completion of uthorize Frederick County Government bligated to reimburse the County. Date |
| Approval | ef and/or President Signature | Date |
| Approval | Frederick County Fire and Rescu | Date |
| To be signed by volunteer, a I certify that I have satisfacture grades and the paid invoice | after you have completed the abo | ove course, d above and have attached a copy of my nbursed. |
| To Be Completed by Fred | erick County Fire and Rescue Ser | |